

P09000045928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400159537774

08/17/09--01027--011 **35.00

Arms

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 17 PM 2:02

Roberts AUG 19 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOLDEN FENIX, CORPORATION

DOCUMENT NUMBER: P09000045928

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA APARECIDA RIBEIRO

Name of Contact Person

Firm/ Company

1865 S.KIRKMAN RD. # 918

Address

ORLANDO,FLORIDA 32811

City/ State and Zip Code

alex-149@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA APARECIDA RIBEIRO

Name of Contact Person

at (407)

7313170

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>FABIO CARDOZO</u>	<u>1865 S.KIRKMAN RD. # 918</u> <u>ORLANDO,FLORIDA 32811</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>FABIANA SOARES</u>	<u>1865 S.KIRKMAN RD. # 918</u> <u>ORLANDO,FLORIDA 32811</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>MARIA APARECIDA RIBEI</u>	<u>1865 S.KIRKMAN RD. # 918</u> <u>VP.ISABEL DA SIVA RAMOS</u> <u>ORLANDO,FLORIDA 32811</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NOTE: VICE PRESIDENT ALSO REMOVED.

NEW VICE PRESIDENT: ISABEL DA SILVA RAMOS.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: JUNE/11/2009

Effective date if applicable: JUNE/11/2009 (date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated JUNE/11/2009

Signature Maria Aparecida Ribeiro

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIA APARECIDA RIBEIRO

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

State of Florida
County of ORANGE

The foregoing instrument was acknowledged before me this

11 day of June, 2009

Hernandez
(Signature of Notary Public - State of Florida)

Humberto Hernandez
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known to me, or
 Produced Identification: TIAC
(Type of identification)

